COMBINED DECLARATION AND POWER OF ATTORNEY FOR PATENT COOPERATION TREATY APPLICATION

(Page 1)

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name.

T 11:	I am the original first	and sole inventor (if only one nam	ne is listed below) or an original, first
I Delli and joint invent	eve I am the original, thist or (if plural names are liste	ed below) of the subject matter wh	ich is claimed and for which a patent is
sought on the in	vention entitled "DEVI	CE FOR MEASUREMENT OF C	DBJECT TO BE MEASURED,
ΔΡΡΔΙ	PATUS FOR MEASURE	MENT AND METHOD OF MEA	SUREMENT ,
the specification	of which was filed as PC	T International Application No. <u>P</u> o	CT/JP2004/011792 on 11 August 2004
and was amende	ed under PCT Article 19 o	n	
(if applicable).	•	•	
I here	eby state that I have review aims, as amended by any a	red and understand the contents of mendment referred to above.	the above identified specification,
, =			to not onto bility as defined in 37 CFR &
	nowledge the duty to discl	ose information which is material	to patentability as defined in 37 CFR §
1.56.			
application(s) for country other that application(s) for country other that	or patent or inventor's cert can the United States of Ar or patent or inventor's cert	nerica listed below and have also ificate or any PCT international ap nerica filed by me on the same sul	application(s) designating at least one identified below any foreign oplication(s) designating at least one oject matter having a filing date before
Country	Application No.	Filed (Day/Mo./Yr.)	Priority Claimed (Yes/No)
Japan	2003-207184	11 August 2003	Yes
I her listed below.	eby claim the benefit unde	er Title 35, United States Code, §	120 of any United States application(s)
	•		
Annlica	tion No. Filed	(Day/Mo./Yr.)	tatus (Patented, Pending, Abandoned)
прриса			
I hei	reby appoint the practition	ers associated with the firm and C	ustomer Number provided below to
direct that all c	application and to transact correspondence be address	ed to the address associated with t	demark Office connected therewith, and hat Customer Number:
	FITZPA	TRICK, CELLA, HARPER &	SCINTO

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Customer Number: 05514

COMBINED DECLARATION AND POWER OF ATTORNEY FOR PATENT COOPERATION TREATY APPLICATION (Page 2)

Full Name of Sole or First Inventor Akira Miike		A-0		 · · · · · · · · · · · · · · · · · · ·
Inventor's signature		Heire	Mike	
Date January 31, 2006 Citizen/S	ubject of	Japan		· · · · · · · · · · · · · · · · · · ·
Residence Sunto-gun, Japan		· ,		
Post Office Address <u>c/o Head Office, KYOWA M</u>	EDEX CO.,	LTD.		
8-10, Harumi 1-chome, Chuo-ku, Tokyo 104-6004 J				 <u> </u>
	•			
Full Name of Second Joint Inventor, if any Haruk	i Tsunoda			 <u>. </u>
Inventor's Signature				
Date Citizen/S	Subject of	Japan		
Residence Sunto-gun, Japan		· · · · · · · · · · · · · · · · · · ·	<u> </u>	
Post Office Addressc/o Kyowa Medex Research	Laboratories,	KYOWA ME	DEX CO., LTD.	
600-1, Aza-Kamiyamaji, Minamiishiki, Nagaizumi-				

COMBINED DECLARATION AND POWER OF ATTORNEY FOR PATENT COOPERATION TREATY APPLICATION (Page 2)

Full Name of Sole or First Inventor Akira Miike

Inventor's signature

Date ______ Citizen/Subject of _____ Japan

Residence Sunto-gun, Japan

Post Office Address ____ C/o Head Office, KYOWA MEDEX CO., LTD.

8-10, Harumi 1-chome, Chuo-ku, Tokyo 104-6004 Japan

Full Name of Second Joint Inventor, if any Haruki Tsunoda

Inventor's Signature Aurica Japan

Date ____ January 29 , 2006 Citizen/Subject of ____ Japan

Residence _____ Sunto-gun, Japan

Post Office Address ____ C/o Kyowa Medex Research Laboratories, KYOWA MEDEX CO., LTD.

600-1, Aza-Kamiyamaji, Minamiishiki, Nagaizumi-cho, Sunto-gun, Shizuoka 411-0932 Japan